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ABSTRACT

This study investigates the relationship between aspects of parent psychopathology and child egocentrism as measured by the Piagetian Three Mountains Task. Two hypotheses were tested: (1) The overall impairment of the previously hospitalized parent will relate to child egocentric errors on a Piagetian Three Mountains Task; (2) Overall impairment of this parent will be a better predictor of child egocentrism than diagnosis of the parent at the time of the study. Subjects were 112 families, each with a previously hospitalized parent for a psychiatric disorder and a child of age 4, 7, or 10. Measurement of the parent's overall impairment was obtained by the Spitzer-Gibbon-Endicott Global Assessment Scale based on symptomology and levels of social and employment functioning. Diagnosis at the time of the study was made using the DSM-III criteria. Findings supported both hypotheses, suggesting that the usual, ongoing impairment of the "patient" parent is more important than the current diagnosed disorder in producing the developmental difficulties shown by these children in relinquishing egocentric thought patterns. (Author/SS)

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Child Egocentrism and Parent Psychopathology in High-Risk Families

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Abstract

This study extends previous research suggesting that child spatial egocentrism is an indication of present maladaptive behavior and a possible indicator of risk for future psychopathology in families where one parent has been hospitalized for a severe psychiatric disorder. Two hypotheses were tested: 1. The overall impairment of the previously hospitalized parent will relate to child egocentric errors on a Piagetian 3-Mountains Task; 2. Overall impairment of this parent will be a better predictor of child egocentrism than diagnosis at the time of the study. Findings supported both hypotheses, suggesting that the usual, ongoing impairment of the "patient" parent is more important than diagnosis in producing the developmental difficulties shown by these children in relinquishing egocentric thought patterns.

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Child Egocentrism and Parent Psychopathology in High-Risk Families[1]

by David W. Harder

This study derives from the University of Rochester Child and Family Study (URCAFS) (Garmezy, 1978), a longitudinal, high-risk investigation of child functioning, parent functioning, and family life within two-parent families where at least one parent (the "index" parent) has been hospitalized for functional psychiatric disorder and there is a male child (the "index" child) age 4, 7, or 10. These children are "at risk" for present psychopathology as well as being "at risk" for future psychiatric problems by virtue of the severe pathology in at least one parent (through genetic transmission and/or environmental influences). Fisher, Harder and Kokes (in press) have demonstrated that, indeed, the children from these families are functioning less well than control school classmates. Strauss, Harder and Chandler (1979) have also shown they exhibit developmental lags in relinquishing cognitive egocentrism, a finding that combines with the research of Chandler (1973), Simeonsson (1973) and Looft (1974) linking egocentrism and maladaptation in other samples to suggest that egocentrism may be both an important index of current adaptation and an indicator of future psychiatric difficulties.

With an URCAFS subsample, Strauss, et al. (1979) also found an association between degree of index parent psychoticism during an earlier acute phase of illness requiring hospitalization and the number of spatial egocentric errors made by the child while participating in a Piagetian 3-Mountains Task at the time of URCAFS an average of five years later. The present study extends the investigation of relationships between aspects of parent psychopathology and child egocentrism. Two measures of parental psychiatric status were utilized. One was a continuous measure of overall psychological impairment, and the other was the

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diagnosis at the time of the research. A recently completed URCAFS study (Harder, et al., in press) found that the impairment variable was a better predictor than diagnosis of child school functioning and that it was a good indicator of usual, ongoing impairment in the index parent during a non-acute period of disorder. These earlier findings engendered the following hypotheses: 1. Overall impairment in the index parent will relate to child egocentric errors. 2. Overall impairment of the index parent will be a better predictor of child egocentrism than diagnosis at the time of the study.

Methods

Subjects were the 112 families of all 145 URCAFS families from whom complete data were available on all measures. The previously hospitalized parent was required to have remained outside the hospital for at least three months prior to the study. This sample was predominately middle-class ($\bar{X}$= Class III by the Hollingshead index (Note 1)), above-average in IQ ($\bar{X}$=113.2 for index parent, 111.4 for index child), and middle-aged ($\bar{X}$=39.3 years for hospitalized parent).

Two measures of egocentrism were used, both derived from Flavell, et al., (1968). The first was "primary" egocentrism, the percentage of errors over four trials in which the child said the experimenter (E) would see exactly what the child himself saw. The second measure was "quantitative" egocentrism (correlating r=.83 with the first measure), calculated across four trials by counting for each trial any inaccurate perspective attributed to the E, with more self-centered responses receiving higher error scores.

The overall impairment measure was the reliable Spitzer-Gibbon-Endicott Global Assessment Scale (Endicott, et al., 1976), based on symptomatology and levels of social and employment functioning. Diagnosis at the time of the study was made using the February 18, 1977, DSM-III criteria (Task Force, 1977). Five

diagnostic groups were formed: narrowly-defined schizophrenics (N=11), broadly-defined schizophrenics (N=3), affective disorders (N=10), non-psychotic disorders (N=66), and asymptomatic subjects (N=22). Both parent pathology assessments were based on structured, reliable symptom, history, and social data interviews adapted from the WHO (1973) International Pilot Study of Schizophrenia and on the information available in hospital charts.

Child age and IQ were included in data analyses to permit controlling any effects from these variables. WISC IQ was available for the 7- and 10- year-olds and WIPPSI IQ for the 4-year-olds. Any possible neurological involvement in child task performance was ruled out by noting that number of "soft signs" was unrelated to egocentrism scores. One additional variable, overall impairment of the index parent's spouse, was also included to assess its effects upon child egocentrism.

Results (See Table 1)

As predicted by Hypothesis 1, the overall impairment of the previously hospitalized parent at the time of the URCAFS study was significantly related to primary egocentric errors ($r=.220$, $p<.02$). The relationship for quantitative egocentrism, however, indicated only a trend ($r=.164$, $p<.10$). Diagnosis at the time of URCAFS showed a trend toward significance with both egocentrism variables ($p<.06$) and the same pattern of means. Children of the narrowly-defined schizophrenics and of the nonpsychotically disturbed parents showed the highest number of errors while the children of asymptomatic and affective-disorder parents showed the fewest errors. This suggested a complicated relationship between severity of parent disorder, in terms of diagnosis, and indications of difficulty in the child, similar to that seen in the previous study of school

functioning (Harder, et al., in press). As with that previous study, it was also found true here that the usual, ongoing level of parent impairment is largely unrelated to diagnosis and, apparently, is the more important factor affecting the child's performance. For example, the affective-disorder parents tended to function at relatively nigh levels despite their diagnostic labels, while many of the nonpsychotic parents were functioning at lower levels relative to the rest of the sample.

In terms of control variables, results were that IQ was unrelated to egocentrism and child age was related only to the quantitative measure ($r=-.224$, $p<.02$). Using partial correlation and covariance to adjust for these effects left the results reported above essentially unchanged.

An additional interesting finding was a significant relationship between overall impairment of the index parent's spouse and child primary egocentrism ($r=.249$, $p<.01$). This is surprising in that we expected the "patient" parent to have more effect on child functioning, as occurred with the school measures (Harder, et al., in press), but here the associations between impairment in each parent and child difficulty were roughly equal.

In sum, both hypotheses were supported, although convincingly with only the primary egocentrism measure.

Conclusions

In this high-risk sample, a relationship was found between child primary spatial egocentrism and psychological impairment in each of the parents, one of whom has been previously hospitalized for severe psychiatric disorder. In addition, the index parent's global impairment appears to be a better predictor of child egocentrism than diagnosis at the time of the study. This

points to the likelihood that the parent's usual level of functioning is a more important influence than the diagnosis assigned to him/her in hampering the child's progress toward relinquishing egocentric thought.

These results also suggest that the primary measure may be the better egocentrism indicator of present maladaptive child functioning, and thus, the better indicator of future risk for psychopathology. That the primary measure represents the more serious type of cognitive error lends face validity support to its usefulness as such a risk indicator.

Notes

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Table 1

Relationships Between Parent Pathology

Variables and Child Egocentrism

	Primary Egocentrism	Quantitative Egocentrism
Index Parent Impairment	r=.220, p<.02[a] (df=110)	r=.164, p<.10[a] (df=110)
Index Parent Diagnosis	F=2.451, p<.06[b] (df=4,107)	F=2.357, p<.06[b] (df=4,107)
Spouse Impairment	r= .249, p<.01[a] (df=110)	r= .119, n.s.[a] (df=110)

[a]two-tailed tests of Pearson product-moment correlation coefficients

[b]one-way analyses of variance